DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

TB Notes
No. 2, 2000

Dear Colleague:

Earlier this year I shared the following preliminary news: a total of 17,528 TB cases were reported from the 50 states and the District of Columbia in 1999, a decrease of 5% from 1998 and 34% from 1992, the height of the TB resurgence in the United States. The 1999 rate was 6.4 per 100,000 population, the lowest recorded since national surveillance for TB began in 1953. Keep up the great work!

The Advisory Council for the Elimination of Tuberculosis (ACET) met on February 9 and 10 in Atlanta. Paul Poppe discussed TB Controllers' concerns about the FY2000 TB cooperative agreement process. Dr. Eugene McCray discussed the Leadership and Investment to Fight an Epidemic (LIFE) initiative, which is providing $35 million to combat HIV/AIDS in Africa and other areas of the world hard-hit by AIDS. A new CDC office has been created, the Global AIDS Activity (GAA), through which CDC will carry out its LIFE initiative activities. Dr. McCray has accepted a full-time position as Director of the GAA. Dr. Renee Ridzon summarized a TB infection control meeting held in Arlington, Virginia, in December 1999. The group concluded that the risk of occupationally-acquired TB and TB infection is decreasing in the United States, but that continued vigilance is needed to keep the problem under control. I then gave an update on division-wide issues. DTBE will continue to directly support some states on outbreak investigations, but CDC and the states need to develop a long-term response plan. DTBE continues to focus on trials of treatment for latent infection, since this activity is the most relevant research component for the United States. DTBE has approved a recommendation to develop a consortium with state and local health departments in an effort to build capacity for these institutions to conduct epidemiologic studies. The group then discussed the epidemiology of TB in low-incidence areas and the possible need for an ACET statement on TB control in such areas. Dr. Philip Spradling reported on a TB outbreak in a dormitory for HIV-infected inmates in a South Carolina prison. ACET also discussed a suggested review and update of the 1994 occupational health policies, which do not emphasize the significance of skin testing, the fit testing issue, or the administration and completion of preventive therapy among workers who convert.

On June 7 and 8, 2000, ACET met again in Atlanta with the following agenda items and proceedings: Dr. Helene Gayle and I provided the Directors' reports and updates. These included a briefing on the important Ministerial Conference on Tuberculosis and Sustainable Development that was held March 22-24 in Amsterdam, and an update on the IOM report on TB elimination in the United States. Dr. Bess Miller spoke about LIFE initiative country assessments and the role of tuberculosis. After the lunch break, we focused on the topic of TB control in low-incidence states. Dr. Kathleen Gensheimer gave a state epidemiologist's perspective on TB control in a low-incidence state;

Dr. John Tillinghast discussed the role of the private medical sector in TB control for such areas; and Ms. Carol Pozsik described the impact of an outbreak on a state TB control program. Dr. John Jereb talked of the internal assessment of TB control in low-incidence areas. Dr. Nolan then lead a discussion of the draft outline of a proposed ACET document on the subject. When the meeting resumed next day, Dr. Nolan and I reviewed and lead a discussion about the recommendation to review and update the 1994 occupational health guidelines. Dr. Andy Vernon described findings from the TB Trials Consortium (TBTC) Study 22. Dr. Charles Nolan discussed the next steps in working with Immigration and Naturalization Services (INS) staff regarding the problem of detaining immigrants with TB. The next meeting will be held October 18-19, 2000.

The 5th Regional Conference of the North America Region (NAR) of the International Union Against TB and Lung Disease (IUATLD) was held in Vancouver, BC, Canada, on February 24-26. The calibre of the presentations was outstanding; undoubtedly the NAR/IUATLD meeting has become an important forum for the exchange of scientific and programmatic information.

World TB Day was March 24th. This annual event commemorates the date on which Robert Koch announced his discovery of the TB bacillus. Events for this year's World TB Day included a significant world TB conference entitled “Tuberculosis and Sustainable Development,” held in Amsterdam, The Netherlands, beginning on March 22 and ending on World TB Day, March 24. In addition, the new WHO report on drug-resistant TB was released at that time. High-level representatives of governments from 20 high-prevalence countries attended the ministerial conference in order to better understand the social and economic impacts of TB, to assess how effective TB programs can contain the epidemic and contribute to overall development, and to identify priority actions for the new millennium. Dr. Donna Shalala, the Secretary of DHHS, Dr. Margaret Hamburg, the Assistanty Secretary of DHHS, Dr. Helene Gayle, Director of NCHSTP, and other CDC staff attended this important conference.

In early May the Institute of Medicine (IOM) released its report on the status of TB elimination in the United States. It is available on the Internet on the IOM website at http://www.nationalacademies.org/includes/tb.html. This report, entitled *Ending Neglect: The Elimination of Tuberculosis in the United States,* addresses the questions, Is TB elimination in this country a feasible goal? And if so, how do we proceed? The experts who prepared the report concluded that TB can be eliminated, but it will not be possible with the current tools we have. Such an effort will require additional financial resources and a strong commitment by policymakers. This, of course, is what CDC and the ALA have been promoting since the resurgence of TB in the 1980s and 1990s. Very importantly, the report identified areas for accelerated progress and made several recommendations for specific activities to be undertaken by CDC. On July 26 and 27, DTBE staff met to discuss these recommendations and develop strategies for their implementation. This process reinforced and validated our existing priorities for TB control and elimination, while presenting new challenges for our Division. DTBE senior staff have identified cross-branch workgroups that will be responsible for follow-up activities toward implementing the strategies.

The “ATS 2000 Toronto” conference and the “ALA/CLA 2000” conference were held in Toronto, Ontario, Canada, on May 5-10, 2000. The sessions offered the latest information in clinical science, basic science, and behavioral aspects of respiratory disease and public health education. As part of the ATS 2000 Conference, there was a program of special interest to TB control workers entitled “Tuberculosis Control Strategies.” This year’s TB poster session was cosponsored by the DTBE and the Division of Tuberculosis Prevention and Control (DTBPC), Bureau of HIV/AIDS, STD and TB (BHST), Laboratory Centre for Disease Control (LCDC), Health Canada.

The American Thoracic Society and CDC have published two new statements, the first being “Diagnostic standards and classification of tuberculosis in adults and children,” *Am J Respir Crit Care Med* 2000;161:1376-95. The second, “Targeted tuberculin testing and treatment of latent tuberculosis infection,” was published as a journal article, *Am J Respir Crit Care Med* 2000;161(Part 2):S221-S247, and was also published in the *Morbidity and Mortality Weekly Report (MMWR)* Recommendations and Reports series. If you wish to access the statements on your computer or obtain copies, please visit the DTBE Web site at www.cdc.gov/nchstp/tb.

A reminder that the National TB Controller's Workshop is scheduled for August 30 through September 1, 2000, in Atlanta at the Omni Hotel, located at the CNN Center. The workshops will concentrate on the very important theme of orchestrating better contact investigations. I hope to see you there!

Kenneth G. Castro, MD

In This Issue

NOTE: The use of trade names in this issue is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

TB Notes

Centers for Disease Control and Prevention
Atlanta, Georgia 30333

Division of TB Elimination ◆ National Center for HIV, STD, and TB Prevention

Number 2, 2000

HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

A Report of the 5th Annual Four Corners Region TB Conference

"Tuberculosis, Past and Present - A Millennial Challenge" was the theme for the 5th Annual Four Corners Region TB Conference. Presented and hosted by the Arizona Department of Health Services and sponsored by the Navajo Area Indian Health Service, the 2-day conference was held on the scenic campus of the San Juan College in Farmington, New Mexico, on October 20-22, 1999. The conference averaged a daily attendance of 71 persons, most of whom were representatives of the states of the Four Corners region (Arizona, Colorado, Utah, and New Mexico) and of the Navajo Nation. The first session opened Wednesday afternoon and was attended by 80 persons who included public health, Indian Health Service (IHS), and private physicians; TB technicians; community and public health nurses; infection control practitioners; state program managers; health educators; TB nurse consultants; and a wide spectrum of associated health professionals. The IHS Clinical Support Center designated up to 14.25 hours of Category 1 credit of continuing education for physicians and 17.1 contact hours for nurses.

The goal of the conference was to improve collaboration between the various entities involved in prevention and control of TB in the Four Corners region with a focus on Native Americans and the Navajo Nation.

Dr. John Sbarbaro, Professor, University of Colorado School of Medicine and well-known expert in the field of TB, opened the conference with information on historical facts and fallacies related to TB and then described various conventional and unconventional anti-TB drug regimens, explaining when and why they might be used. Dr. Sbarbaro was followed by representatives from each of the region's states, who provided a historical look at TB from each state. Dr. Zachary Taylor, Division of TB Elimination, CDC, opened the session on Thursday with a presentation on new recommendations for the treatment of latent TB infection, and Suzanne Banda and Kathleen Tully from the Francis J. Curry National TB Center conducted a mini-workshop on contact investigations. Dr. Mark Saddler from Farmington, New Mexico, gave the group a clinical perspective on TB, diabetes, and renal failure in the area's population, and Ms. Ursula Knoki-Wilson, CNM, shared with us some spiritual and cultural insights into the Navajo Nation. Susan Good, RN, public health advisor (Arizona) presented Navajo Nation TB case surveillance data, and Bob Ferguson (New Mexico) and Kristina Hustad (Arizona) presented laboratory testing updates to wrap up the final morning session of the conference.

Donated gifts were used as "participant

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incentives" throughout the conference and a group dinner offered entertainment and an opportunity to get to know each other better.

—Submitted By Susan E. Good, RN, Manager
Public Health Advisor
Arizona TB Control Program

Chicago Program Evaluates TB Reporting in the City

Like others, the Chicago TB Control Program relies upon the information provided by cooperating providers and infection control personnel to detect new TB cases occurring in the community. Reinforced by the results of contact investigations, regular monitoring of mycobacteriology laboratories, and somewhat less regular reviews of death certificates, program managers have been confident that most new TB cases are being reported in a timely manner.

Traditional difficulties experienced in reporting TB cases from high-risk groups such as recent immigrants and the homeless populations have not diminished in Chicago. Confidence in TB reporting systems tends to be eroded by recent reports suggesting that the mandated use of DOT might actually cause some providers to conceal TB patients by such means as treating them empirically or using out-of-state laboratories to hide positive lab reports. Thus, it is recognized that regular evaluations of surveillance systems are necessary, especially when substantial changes in morbidity occur, such as the recent declines seen in Chicago.

Beginning in September 1999, the Chicago TB Control Program began conducting a two-part evaluation of its TB reporting system. The first part was a detailed review of data collection and surveillance procedures performed by an EIS officer; the second part was an attempt to survey selected pharmacy records for prescriptions of anti-TB drugs as a method to determine possible underreporting of cases.

The review performed by the EIS officer followed a traditional method of visits to sites, interviews with staff, observation of procedures, and analysis of data from selected cohorts of patients. A comprehensive report of this review was presented at the EIS Surveillance Course at CDC in October 1999. The report gives a detailed view of TB case reporting in Chicago by describing its usefulness, acceptability, and sensitivity. The timeliness of reporting to an official agency and of public health action were also evaluated. For 195 smear-positive pulmonary TB cases reported in 1998, 49% were reported

to the health department within 3 days of diagnosis, and 73% were reported within 7 days of diagnosis. For timeliness of public health action, it showed that for cases reported to the program in the first half of 1999, an average of 4.2 days elapsed between the date of a report a TB case and the assignment of that case for contact interview; with 37% assigned within one day, but 14% assigned after 7 days. Such data are useful for making meaningful recommendations to TB program managers.

The survey of pharmacy records, which is an attempt to formally assess the sensitivity of TB reporting systems, had not been done previously in Chicago. This method attempts to identify patients who have received specific combinations of major anti-TB drugs during a specific time period and then match their names to surveillance records.

Initially, the program sought to include the three major private pharmacies in Chicago in the survey but could not secure agreements with them. It was successful, however, in conducting the survey at Cook County Hospital, where infection control staff routinely use a pharmacy survey to monitor drug prescriptions to pediatric patients. The hospital agreed to search its pharmacy records for patients who had been prescribed any combination of two or more of the drugs isoniazid, rifampin, pyrazinimide, and ethambutol during June 1999.

The hospital was able to provide TB staff with the names of 78 patients who had been prescribed such regimens. Mindful that the list could include previously reported cases, patients started on treatment but later having TB ruled out, as well as patients being treated for atypical mycobacterium infections, staff were not alarmed to initially discover that 35 (45%) of the 78 names were unknown to the TB program. Medical records of the 35 patients are currently being reviewed, and the results will be provided in a future report. The TB program plans to include at least four additional hospitals in the survey.

—Reported by John Kuharik
Chicago Department of Public Health
TB Control Program

Texas Project Wins Award

The Association of State and Territorial Health Officials (ASTHO) gave first place to “Grupo Sin Fronteras” in the competition for the 1999 ASTHO Vision Award. This award recognizes projects that achieve excellence in public health through innovation, in a unique and outstanding way. The Vision Award includes a monetary prize of $5,000, which was received in February by the nominator for this national competition, Domingo J. Navarro, M.B.A., TB Program Mgr. for Public Health Region (PHR) 11.

“Grupo Sin Fronteras” began in April 1995 with the signing of the first Memorandum of Understanding (M.O.U.) between the state of Texas and the Mexican state of Tamaulipas. The project coordinates binational TB control and prevention efforts in the border area of the lower Rio Grande Valley, encompassing the Texas counties of Cameron, Hidalgo, Starr, and Zapata and the municipalities of Reynosa and Matamoros in Tamaulipas. The binational TB project manager position of “Grupo Sin Fronteras” was vacant from March 1999 until June 1999, when Mr. Abel Cepeda began his new responsibilities. Mr. Cepeda works in the PHR 11 Office in Harlingen, Texas.

The project provides culture and sensitivity testing for all sputum specimens submitted by Tamaulipas health departments through the South Texas Hospital laboratory.

Outreach workers offer directly observed therapy to binational patients as well as TB education to communities. In addition, the project gives ongoing assistance to the Tamaulipas state health department with TB training.

It is gratifying to see innovative work recognized and rewarded; this honor is well-deserved. The PHR 11 TB elimination staff are to be congratulated also for their dedication and efforts. Special thanks go to Cindy Tafolla, Public Health Technician IV, Clara Fraga, Administrative Technician III, and Alicia Trejo, Administrative Technician II in Medical Records. For more information about this project, please contact the Texas Department of Health at (512) 458-7447.

—Reported by Ann Tyree
Texas Department of Health

NURSING UPDATE

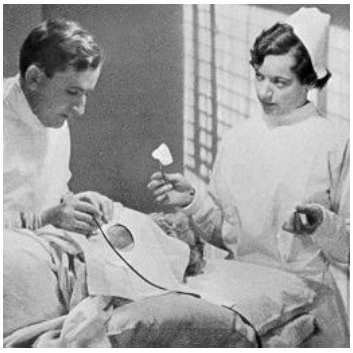
A Brief Review: the Role of Nurses in TB Control

The following article was developed for the commemorative edition of TB Notes but we were not able to include it in that issue. Thus, we would like to share it with you in this issue.
In 1893 Lillian Wald created the field of public health nursing. Having completed her nursing training in 1891 at New York Hospital, in 1891 and 1892 she worked at New York Juvenile Asylum where her concerns regarding the homeless and the abuse of institutionalization gave birth to her advocacy role. She then entered Women's Medical College. During her first year there she was teaching a class on home care and hygiene to immigrant women in a school on Henry Street; she described this as her baptism by fire. Ms. Wald quit medical school, and in 1893 she and a classmate, Mary Brewster, moved into a Lower Eastside neighborhood and provided nursing care among the community. Neighbors came to the apartment for help on health, education, jobs, housing. This was the genesis of public health nursing. In 1912 she founded and was the first president of the National Organization for Public Health Nursing.


Florence Nightengale

Based on the work and beliefs of Lillian Wald and Florence Nightingale, public health nurses developed positive relationships with people, which resulted in healthier environments and lifestyles among diverse communities and families. Florence Nightingale was one of the first in the field of health care to consider that patient outcomes should be monitored in a systematic way. In 1854 she began keeping quarterly reports, which included patient care outcomes. She also supported the concept of pavilion-style architecture for hospitals so infections would be prevented by the practice of housing patients with specific diseases on separate pavilions or wings. Nurses also helped in screening for TB in newly arriving immigrants. The photo here is from Ellis Island in the 1890s.


Screening immigramts



Pneumothorax procedure

Before the discovery of treatments for TB and before the existence of sanatoriums, public health nurses visited patients in their homes to see how they and their families were coping with the illness. They instructed the patient and family on nutrition and rest and on the need for fresh air. When sanatoriums were introduced by Dr. Trudeau, nurses took care of the patients' day-to-day needs, tried to ensure they had rest and adequate nutrition, and addressed the many psychosocial needs that developed in such isolated settings. As surgical interventions and pneumothorax procedures were implemented, nurses learned how to assist with those procedures. Additionally, needed preprocedure education and postprocedure education and follow-up were provided by nurses. With the development of drug treatment, nurses learned the various treatments and their side effects and helped to monitor patients' progress. When the sanatoriums were closed, nurses continued the follow-up of these patients and their families out in the community.

Patient follow-up in the community

Over time, the role of the nurse expanded from providing direct care to a variety of roles. The profile of nurses today is quite varied. Roles range from the still all-important bedside nurse in a hospital setting, to infection control, employee health, correctional, and school nurses, to name a few. In the public health arena, the roles of TB nurses range from clinic nurse to the generalist public health nurse, to specialist TB public health nurses, to nurses who are TB Consultants, TB Program Managers, and TB Controllers at all levels: local, state, federal, and international.

In January 1995, TB nurses attending the National TB Controllers Workshop voted to form the National TB Nurse Consultant Coalition (NTNCC). The mission of the NTNCC, which was organized as a section of the National TB Controllers Association, is to advise and support TB control officials by providing, within NTCA, a coordinated nursing perspective on issues vital to the success of TB prevention and control programs.

—Submitted by Evelyn Lancaster, RN, BSN
TB Program Manager
HIV, STD, and TB Section
Oregon Health Division

Editor's note: Every year, the Public Health Nurse section of the American Public

Health Association presents the Lillian Wald Service Award to a public health nurse for exemplary public health nursing practice. In 1994, the award was given deservedly to one of our nurses in TB control: Sue Etkind, RN, TB Controller for Massachusetts.

Laminated Pocket-Size Drug Card

A revised and expanded second edition of the New Jersey Medical School National TB Center's popular drug card is now available. A handy and convenient pocket reference for clinicians, it provides information on the standard therapy for active TB disease including dosages, daily and intermittent regimens, side effects, treatment information, and a visual of first-line medications. To obtain a card, please call (973) 972-0979. The entire contents of the card will also be available on our Website at a later date at http://www.umdnj.edu/ntbc.

—Submitted by Joni Lee Heleotis, RN, MSN
Nurse Educator
New Jersey Medical School National TB Center

Editor's note: The Charles P. Felton National TB Center at Harlem Hospital also has a pocket-size drug card, an LTBI reminder card, that can be accessed from the Center's Web site and printed out. That Website is http://www.harlemtbcenter.org/.

Assessment and Implications of Print Media Portrayal of Tuberculosis

Introduction

Awareness of the public's knowledge of TB is important for health educators, providers, and policy makers in TB control.[1] Media exposure can heighten public awareness of health issues and can be a useful tool when used appropriately. The objectives of this assessment are to 1) complete a formative evaluation of TB coverage in the popular press, 2) ascertain the public image of TB, 3) determine the public impact of TB-related information, and 4) recommend interventions for TB control program personnel to deal with the public impact of print media.[2]

Methods

A retrospective content analysis was completed of nonscience and nonmedical American periodicals and one locally and one nationally circulated newspaper dated from January 1984–June 1998. Data from 1984 were used for a background rate as the year prior to the resurgence of TB. Data collection began in June 1998.

Two data identification sources, found in public libraries, were used for the article search. These sources, *Readers' Guide to Periodical Literature* (January 1984–June 1998) and *New York Times Current Events Microfiche Indexes* (January 1984–June 1998), contain information regarding periodicals available to the general public.[3,4] Search keywords used were "tuberculosis" and "TB." Cited articles were collected, read, and examined for accuracy, appropriateness of facts, and context of descriptions and headlines.

Results

Eighty-seven TB-related articles were found. For consistency, the search was confined to feature TB articles only. The following list indicates periodicals with TB articles and the respective number of articles within the search: *New York Times* (59), *Newsweek* (4), *Time* (3), *USA Today* (3), *History Today* (2), *New York* (2), *American History Illustrated* (1), *Black Enterprise* (1), *Commonweal* (1), *Education Digest* (1), *Esquire* (1), *Forbes* (1), *Good Housekeeping* (1), *Jet* (1), *The New Republic* (1), *People Weekly* (1), *Reason* (1), *Redbook* (1), *Smithsonian* (1) and *US News & World Report* (1).

Frequency of articles was graphically plotted quarterly. In 1984, the year prior to resurgence, one TB article was found. Between 1985 the end of 1993, the years of resurgence, 18 TB articles were found. The balance of 68 articles existed after TB rates began to decline from January 1994 to June 1998. The articles were placed into five topic-related categories: history (6.9%), outbreak or anecdote (10.4%), research or innovation (10.4%), specific TB topic (23.0%), and general information (49.3%). Articles had a variety of TB subject matter including the TB history, DOT, transmission, high-risk groups, outbreaks, and TB control and elimination.

Discussion

The results indicate that the frequency of TB articles increased as TB incidence increased. About 49% of articles were general, as opposed to providing more specific information on TB. This is favorable for a lay public readership who may have little knowledge of TB.

Some of the more specific articles were found in the *New York Times* which, as a daily paper, regularly reports on scientific topics since it has the space and frequency of circulation to devote to this type of material. The *New York Times* based its reports on reputable scientific evidence and expertise. The search found other periodical examples that were informative, used facts accurately, contained precise technical explanations, and were suitable to the reading audience. Others acknowledged important scientific work contributing to the success in TB care as well as acknowledging all factors involved in the increase of TB rates. This responsible reporting is important in a time when the public is bombarded with information about incomplete or substandard scientific studies.[6]

In contrast, anecdotal material, found scattered throughout the periodicals, gave "color" and sensationalism to TB reporting. This can be easily seen in the headlines that accompanied anecdotal material. Sensational headlines can be of use for dramatic effect, but only if they attract a reader to a well-written factual article.[7] However, an exaggerated introduction or erroneous subliminal message can introduce a bias for the reader, which even a factually accurate article may not counteract. Also, some may only read the sensational headlines without reading the facts that follow in the article.

Many articles, while factually accurate, failed to completely report some explanations for the successful control of TB. In 9.2% of the articles for which DOT was pertinent to the discussion, it was omitted. Successful TB treatment was only attributed to drugs and clinical care in these articles. Poor TB outcomes were blamed on inadequate patient adherence, without citing the need for DOT, case management, education, physician compliance with efficacious treatment regimens, and legal interventions. These omissions can lead to unnecessary speculation about other interventions for TB treatment. One source even suggested the reintroduction of inpatient care for routine cases.

Statements seeking to incriminate certain groups were made as well in 2.3% of articles. Some articles blamed TB on high-risk groups such as HIV infected, foreign-born, and medically underserved individuals. One article about TB in schools offered inappropriate recommendations to conduct mass screening of school children owing to an influx of foreign-born students. This article failed to mention the responsibility of local epidemiologists to develop targeted screening programs. It also failed to mention that many children with TB are rarely infectious.[8]

Finally, inaccuracies can lead to the wrong information about the infectiousness of TB. The distinction between latent infection and disease and TB transmission occurring only with close, prolonged exposure, were not clear in nine (10.3%) of the surveyed articles.[9]

Conclusion

Popular media will include what is of interest to its readers and is relevant to the current times.[10] The case of TB is no exception. Although this analysis covered a select portion of the print media available on TB, it serves as a valuable needs assessment.

TB is a disease that has been successfully controlled in the general population, but still affects high-risk groups. Thus,TB does not require a massive media campaign to raise awareness of its existence for the general population. The misrepresentation or sensationalized representation of groups likely to be affected by TB can lead to discrimination against those groups. If transmission and infectiousness of TB are not properly explained, this may result in mass screening policies or low-risk individuals being subjected to unnecessary, routine testing. Incorrect information could be used to influence public policy, moving it in the wrong direction.

TB control programs have a responsibility to inform the public using the avenue of the popular print media. In issuing statements to the press, there is an ethical obligation for brevity, accuracy, and confidentiality.[11] Health educators must teach TB program personnel to also report the positive aspects of TB therapy such as the successes of reduced TB rates and the fact that TB is preventable and curable.[12]

—Submitted by Rajita Bhavaraju, MPH, CHES
National Education and Training Coordinator
New Jersey Medical School National TB Center

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UPDATE FROM THE RESEARCH AND EVALUATION BRANCH

Update on the Management of Homeless TB Patients

Homeless TB patients account for about 6% of reported TB cases in the United States. Some areas have greater concentrations of homeless TB patients: In Atlanta, Dallas, Miami, and San Francisco, homeless persons account for 11% of the area TB patients; in Houston, 10%; and in Los Angeles, 8% of TB patients are homeless.[1] A few areas have *much* greater concentrations: In Orlando, homeless persons comprise 18% of the city's reported TB cases; in Seattle, they comprise 15%. In terms of numbers, in 1998, Los Angeles reported 106 cases and New York reported 88 TB cases among homeless persons, levels about twice as high as the remaining urban reporting areas.

Results from the CDC Study of Hospitalization of Tuberculosis Patients, recently published,[2] demonstrated the link between homelessness and increased rates of TB hospitalization, longer hospitalization lengths, and greater inpatient costs. Hospitalization tends to cost about $2,000 more for a homeless patient than for a nonhomeless patient. Providing stable housing and needed services may be more cost-beneficial than hospitalization,[3] thus reducing inpatient costs while promoting adherence to TB treatment and limiting the transmission of TB and the development of drug-resistant TB. The study was conducted at 10 US TB program sites (seven metropolitan areas: Chicago, IL; Dallas/Ft. Worth, TX; Fulton County, GA; Houston, TX; Los Angeles, CA; San Diego, CA; San Francisco, CA; a region surrounding New York City; and two states: Mississippi and South Carolina); data collection began in 1995 and ended in early 1996. The participating sites were asked about current policies, procedures, and funding sources for management of homeless TB patients.

Nine of the 10 sites offer homeless TB patients some form of housing as an enabler or incentive to TB treatment adherence. The tenth site only provides referrals of homeless patients to public hospitals when needed.

Of the nine sites providing housing, six provide alternatives to hospitalization when patients are still considered infectious. These alternatives include motels, apartments, mobile homes, cottages, and single-room-occupancy (SRO) apartments. The motels and apartments have single-unit ventilation to prevent sharing of air with other units in the building. Where and when alternatives are unavailable, infectious homeless TB patients are hospitalized at county public hospitals. Three sites located in one state must follow state law requiring local TB program approval before release of an infectious TB patient from the hospital to prevent inappropriate discharges.

Nine sites provide housing alternatives for noninfectious homeless patients until they complete TB treatment. In addition to SROs and apartments, these alternatives include homeless shelters, boarding houses, and substance-abuse treatment halfway houses. Directly observed therapy (DOT) is provided by the TB program or health department to patients at these locations.

Of the nine sites providing alternative housing, two receive funding from their county health departments. Five receive funds from either their state health department or the state TB control program; at one of the sites receiving state funding, counties must apply to the state for funding incentives or enablers that may

include housing. TB programs may also access federal or private funding for housing TB patients. One of the nine sites receives federal funding for a demonstration project to provide comprehensive room and board services to homeless TB patients. At another of the nine sites, funding is received from Health Care for the Homeless, a national advocacy group, through a grant from the US Department of Housing and Urban Development (HUD). Two sites receiving state funding are also provided some funding for housing by local affiliates of the American Lung Association.

In 1993, Karen Brudney warned that crowded shelters are especially inappropriate for homeless AIDS patients. Four of the sites access additional funding for housing homeless HIV-infected TB patients through HUD's Housing Opportunities for Persons with AIDS (HOPWA) program, HHS's Ryan White program, or local AIDS service providers.

The TB program sites also mentioned barriers to providing alternatives to hospitalizing homeless TB patients. Six sites mentioned difficulties in locating housing vendors, four because of housing costs or availability and two because of fear and stigma about TB. One rural site mentioned that the number of homeless TB patients in the area is insufficient to make permanent arrangements for alternative housing. The staff of the same site stated that they lack social workers to locate housing and resolve patient needs, relying instead on nurses, who have other responsibilities. One site mentioned concerns about the ability to follow up and manage patients in various alternative housing arrangements and also discussed jurisdictional boundaries as obstacles to finding solutions for highly mobile populations. Two sites listed patients' substance abuse, behavioral problems, or unwillingness to leave the area as barriers to finding and keeping alternative housing arrangements.

Two sites defray basic living expenses (rent, utilities, food) to ensure that patients who otherwise would become homeless due to their illness do not lose existing housing.

This article gives readers a snapshot of how some TB programs manage their homeless TB patients. To reduce inpatient costs, all programs should consider providing alternatives to hospitalizing infectious, as well as noninfectious, homeless TB patients. However, they must first overcome barriers to locating and then funding these housing alternatives. Rural areas, with limited and thinly-stretched resources, face additional challenges. TB providers and health departments may not be aware of existing funding sources for housing, such as Veterans Administration programs or HUD's Shelter Plus Care and HOPWA programs. They can find out about funded housing arrangements in their geographic areas by calling HUD's Community Connections at (800) 998-9999, or they can access HUD’s Website at www.hud.gov then click on “homeless” under “topics,” or go directly to www.hud.gov/hmless.html. They should also ask HUD about options for applying for new funding and local persons to contact to discuss potential collaboration. Some TB Controllers have been able to work with partners such as local affiliates of the American Lung Association or agencies for the homeless to identify additional alternatives for housing homeless TB patients. TB remains a problem, for a variety of reasons, among the homeless. Providers can help eliminate TB among the homeless by assessing homelessness among TB patients and linking the homeless to existing housing and other resources. When local resources do not

exist, providers should work with DTBE consultants to find solutions and prevent future TB outbreaks among the homeless.

—Submitted by Suzanne Marks, MPH, MA
Division of TB Elimination

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UPDATES FROM THE COMMUNICATIONS AND EDUCATION BRANCH

Newest Revision of Core Curriculum Available

The latest edition of the *Core Curriculum on Tuberculosis* is available, both in print and on the Web. The *Core Curriculum on Tuberculosis,* 4th edition, can be accessed as well as ordered through DTBE's Website at www.cdc.gov/nchstp/tb or accessed directly at the following address: http://www.cdc.gov/nchstp/tb/pubs/corecurr. The Web version of the Core Curriculum includes an online continuing education component. You may complete the posttest and evaluation online and receive continuing medical education (CME) credit, continuing nursing education (CNE) credit, or continuing education unit (CEU) credit. A Core Curriculum slide set is also available and can be accessed at http://www.cdc.gov/nchstp/tb/pubs/slidesets/slides.htm.

The *Core Curriculum on Tuberculosis* was originally developed in 1990 in collaboration with the American Lung Association for use in planning and preparing educational activities or as a reference for the practicing clinician caring for patients with TB or TB infection. The *Core Curriculum* covers TB epidemiology, diagnosis, treatment, prevention, and infection control. This document (and accompanying slide set) were previously revised in 1994 to include current recommendations for the diagnosis, treatment, and control of TB.

If you have any questions about the online or print versions of the *Core Curriculum,* please contact Maria Fraire, MPH, CHES, Health Education Specialist, Division of TB Elimination/Mailstop E-10, Centers for Disease Control and Prevention, (404) 639-5317 Fax: (404), 639-8960, E-mail: mff8@cdc.gov.

—Reported by Maria Fraire, MPH, CHES
Division of TB Elimination

Self-Study Modules on TB

DTBE has updates on several products related to the *Self-Study Modules on Tuberculosis* series: four new print-based modules (6-9), a national satellite broadcast series based on Modules 6-9; videotapes of *TB Frontline-Satelllite Primer Continued: Modules, 6-9*; and an interactive Web-based version of the original five self-study modules. Following are descriptions of each.

New Self-Study Modules on Tuberculosis, Modules 6 - 9

The Self-Study Modules on Tuberculosis series consists of a total of nine modules that are separated into two separate courses. The original five self-study modules, released in 1995, play a vital role in providing basic knowledge about TB to health care workers. In addition to these five modules, DTBE has developed a series of four additional self-study modules, modules 6 - 9. These additional modules cover contact investigations; confidentiality; TB surveillance and case management in hospitals and institutions; and patient adherence to TB treatment. These modules were fieldtested with the target audience in conjunction with the Division of Media and Training Services, PHPPO, and were published in October 1999. Both sets of modules (1-5 and 6-9) are available from DTBE. The modules can be ordered through DTBE's online ordering system at www.cdc.gov/nchstp/tb or by calling 404-639-8063. The modules are also available through the Public Health Training Network for continuing education credit, free of charge; call toll-free 800-418-7246 to register.

National Satellite Broadcast of New Self-Study Modules on TB
TB Frontline - Satellite Primer Continued: Modules 6-9

TB Frontline - Satellite Primer Continued: Modules 6-9 was broadcast as a three-part satellite course designed to assist TB program staff meet the daily challenges of TB elimination and control. The course continued the state-of-the-art training provided in the 1995 *Satellite Primer on Tuberculosis* and was broadcast nationally on January 27, February 3, and February 10, 2000. The course was designed specifically for health care staff who work on the frontlines of TB prevention and control, including outreach workers, nurses, and supervisors. *TB Frontline* is based on the four new *Self-Study Modules on Tuberculosis, Modules 6-9,* developed by DBTE. The broadcasts reached at least 7,000 viewers at nearly 1,000 downlink sites in all 50 states, Canada, and Puerto Rico.

All registered course participants received copies of the new modules to read prior to the first satellite broadcast. *TB Frontline* used a combination of live and videotaped presentations to elaborate upon material covered in the print modules and to offer additional information to enhance the learning experience of each participant. The satellite course featured presentations by TB control experts, case studies, and video segments from actual field settings. During the live broadcasts, course participants could interact with faculty via telephone and fax. Continuing education credits were offered for various professions, based on 23 hours of instruction. Participants who preregistered, completed a pretest, and received a passing grade on a posttest were eligible to receive credits. The course and credits were offered free of charge.

TB Frontline was developed and produced by the Francis J. Curry National TB Center, DTBE, and Zamacona Productions (San Francisco, CA), in collaboration with the Charles P. Felton National TB Center at Harlem Hospital and the New Jersey Medical School National TB Center.

Videotape Set of TB Frontline - Satellite Primer Continued: Modules 6-9

The videotape set consists of three videotapes from the three-part satellite course entitled *TB Frontline - Satellite Primer Continued: Modules 6-9,* that was broadcast nationally on January 27, February 3, and February 10, 2000.

The videotape set contains all 6 hours of programming in the original broadcasts:

Jan. 27 "Contact Investigations for TB" (Module 6)
Feb. 3 "Confidentiality in TB Control," and "TB Surveillance and Case Management in Hospitals and Institutions" (Modules 7-8)
Feb. 10 "Patient Adherence to TB Treatment" (Module 9)

DTBE has a limited supply of the *TB Frontline* videotape sets. State and big city TB programs can request up to five additional free videotape sets while supplies last, to be distributed in their area. In addition, while supplies last, individual public health departments can request **one** free copy of the *TB Frontline* videotape set. These can be ordered by calling DTBE at (404) 639-8135. All material in these videotapes is in the public domain. We encourage you to duplicate and share these videotapes with your TB prevention and control colleagues.

After current supplies are exhausted, the videotape sets will be available through the National Technical Information Service (NTIS) for a cost of $170 per set. To order, call NTIS toll free at (800) 553-6847 and request *TB Frontline - Satellite Primer Continued: Modules 6-9* Videotape Set, order #AVA20848VNB3.

In the summer of 2000, the video broadcasts became available for your viewing on the Francis J. Curry National Tuberculosis Center Website at www.nationaltbcenter.edu.

Web-Based Self-Study Modules on Tuberculosis

The Web-based version of the *Self-Study Modules on Tuberculosis* is an interactive TB training course for health care workers that provides TB knowledge accessible worldwide through the Internet. The interactive Web-based course builds upon existing products: the print-based *Self-Study Modules on Tuberculosis (Modules 1-5 and 6-9)*; the 1995 *Satellite Primer on Tuberculosis*, and the national satellite broadcast, *TB Frontline - Satellite Primer Continued: Modules 6-9.* The *Web-Based Self-Study Modules on Tuberculosis* course was developed to maintain consistency with past media (print-based and satellite products) while incorporating enhancements that lend themselves to Web-based instruction:1) interactive animations; 2) multicolored graphics and figures; 3) interactive study questions and case studies; 4) hypertext links between the modules and to other resources; and 5) on-line continuing education.

The *Web-based Self-Study Modules on Tuberculosis*, *Modules 1-5,* were released in June 1999. Modules 6-9 will be released in the fall 2000. Course participants can earn continuing education credit through the online continuing education component of the course. The Web address for the *Web-Based Self-Study Modules on Tuberculosis* course is as follows: www.cdc.gov/phtn/tbmodules.

—Reported by Nickolas DeLuca
Division of TB Elimination

NEWS BRIEFS

The National TB Controllers Workshop will include the following meetings and activities:

- The Workshop will be conducted from 1:00 pm Wednesday afternoon, August 30, until Friday noon, September 1, 2000.

- A full-day training session on the use of the newly developed training guide, *Focus on TB Training,* will be conducted

on Monday, August 28, for DTBE field staff. This training session will be repeated on Tuesday, August 29, for TB Controllers, TB nurse consultants, health educators, and other interested TB control staff. For more information, contact Rose Pray at (404) 639-5321.

- The annual DTBE field staff meeting is scheduled for the full day of Tuesday, August 29.

- The National TB Nurse Consultant Coalition (NTNCC) annual meeting is scheduled for the morning of Wednesday, August 30.

- The National TB Controllers Association (NTCA) annual membership meeting will be held in the early afternoon of Friday, September 1.

TRAINING AND EDUCATIONAL MATERIALS

How You Can Assess Engineering Controls for TB in Your Healthcare Facility is a 25-minute educational and training video developed by the Francis J. Curry National TB Center (CNTC) and reproduced and funded by the Division of TB Elimination. This video provides an introduction to basic techniques that can be used to evaluate engineering controls by all staff who are responsible for the evaluation and maintenance of TB controls in the healthcare setting including infection control coordinators, safety officers, employee health practitioners, and facility engineers. Topics covered include step-by-step instructions for bringing an isolation room into compliance with published CDC recommendations.

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PERSONNEL NOTES

Gustavo Aquino was selected for the public health advisor position in the International Activity Unit, DTBE. Gus reported for his new assignment on May 21, 2000. He is the lead TB public health advisor for TB activities in Russia, the Baltic Republics (Latvia and Estonia), and other countries as assigned. Gus was previously assigned to the Puerto Rico Department of Health, where he served as the TB program advisor since 1996. In Puerto Rico his management skills contributed toward program progress and success in updating and coordinating island-wide TB policies relating to surveillance, case reporting, case management, directly observed therapy (DOT), contact investigations, and screening. Gus started his TB career with CDC in New York City in 1993 where he was involved with numerous local activities involving program evaluation and consultation, DOT, and assisting with the supervision and training of new TB reps. He began his public health career in Miami, Florida, in 1990 with the STD program and has had previous assignments to the

Chicago STD Program and the New Jersey TB Control Program.

Brenda Ashkar retired on March 30, 2000, as nurse manager and consultant from the County of Los Angeles TB Control Division after 19 years with the program. In 1995, she served as the first president of the National TB Nurse Consultant Coalition (NTNCC) and on the National TB Controllers Association (NTCA) Executive Board the same year. In 1989 and 1990, she served on the Executive Committee of the California TB Controller's Association (CTCA). Additionally, she helped train many CDC field staff who were assigned to the County of Los Angeles TB Control Division. Brenda is lovingly called the "public health nurse's nurse." Brenda, Carol Pozsik, and Tina Schein designed the first guide to TB nursing practice, which was later published as *Tuberculosis Nursing: A Comprehensive Guide to Patient Care, 1997*. She is a mentor and role model for public health nurses around the world.

Subroto Banerji was selected for the public health advisor position in Berkeley, California, effective June 5, 2000. Subroto attended Ohio State University where he completed his B.S. in Biology in 1990. He completed his M.P.H. in 1996 at San Diego State University with an emphasis in epidemiology, biostatistics, and analytical research methods. He is currently employed as the Asst TB Program Director/ Epidemiologist for the County of Alameda Public Health Department, where he has overseen major changes in program operations, development, and management since 1998. His other significant employment experience includes that of TB Program Analyst/Database Mgr/Asst Epidemiologist in the San Diego County TB Control Program from 1994 to 1996, and part-time lecturer at San Diego State University, Graduate School of Public Health, in the field of international health and Epi-Info. Subrotoi has significant training in database applications, including TIMS, Access, SURVS-TB and software analysis programs that include Epi-Info, TB-Info, and SAS-PC.

Rosalyn Barner-Springs retired on October 15, 1999, after 28 years of government service working in the Division of TB Elimination. Her last years were spent working with the Research and Evaluation Branch as a Project Clerk.

Regina Bess accepted a position as a Visual Information Specialist in the Graphics Unit of the Communications and Education Branch, taking the position that was left when Sylvia Ivill retired. Those who have been here a few years remember Regina from her previous employment here, from August 1992 until March 1996. Before that, she had worked in the Creative Arts Branch in the Public Health Practice Program Office. In 1996 she left DTBE to take a graphics position in the Agency for Toxic Substances and Disease Registry, and has now returned. We are very happy to have her back, not only because of her excellent graphics skills but also because of her sunny, pleasant disposition.

John Brooks, PhD, Research Chemist, TB and Mycobacteriology Branch, DASTLR, NCID, retired on December 31 after 40 years of service. For the past 10 years Dr. Brooks had performed research on the detection of metabolites associated with TB for diagnostic purposes. We wish Dr. Brooks a long and happy retirement after his many years of government service.

Lisa Cairns, MD, left the division on August 1, 2000, to join the Global Measles Elimination Branch, Vaccine Preventable Disease Eradication Division, NIP, where she will have the opportunity to participate in more international activities. Lisa was a

valuable member of the Field Services Branch over the last 2 years, working on activities such as conducting the study on delays in completion of therapy, providing valuable consultation to the consultants and state and local TB program staff, implementing the targeted testing projects, and assisting with the screening of Kosovar refugees. She was a great pleasure to work with, both as an epidemiologist and as a person.

George Cauthen, PhD, retired from CDC on June 30. George served over 20 years in the Commissioned Corps. The last 2 years were spent in the Division of Cancer Prevention and Control, Epidemiology and Health Services Research Branch (EHSRB), where he was a major contributor to the US Burden of Disease and Injury Project. However, most of George's work was in the field of TB epidemiology and control. Prior to coming to EHSRB, he worked in the Division of TB Elimination, starting in 1980, during which time he served as a Branch Chief for the Surveillance and Epidemiologic Studies Branch.

Yvette Davis, VMD, MPH, has left the division after accepting a position with the National Institute of Health (NIH) as a Scientific Review Administrator in the Center for Scientific Review. Yvette entered the Epidemic Intelligence Service (EIS) program at CDC in 1992, followed by the Preventive Medicine Residency (PMR) program also at CDC. She was Chief Resident of CDC's PMR program before coming to DTBE as a medical epidemiologist in the Surveillance Section of SEB in July 1996.

Nick DeLuca accepted the Freddie Award for CDC at an awards ceremony in New York City in November. The outstanding work of the CDC team responsible for developing and implementing the *Web-Based Self-Study Modules on Tuberculosis* was recognized with the award at the International Health and Medical Film Competition. This prestigious and competitive award is given for excellence in health and medical film, videotape, and Website production. The Freddie Award is named after Dr. Fred Gottlieb, who started the competition 27 years ago. CDC's *Web-Based Self-Study Modules on Tuberculosis* course, developed by an intercenter team from DTBE/NCHSTP and DMTS/PHPPO, was voted the best in the Infectious Disease Category. Representatives from DTBE and DMTS attended the ceremony in New York City to accept the award. The International Health and Medical Film competition is owned by Time Inc. Health and is sponsored by the American Medical Association. The Web-based modules are available on DTBE's Website at http://www.cdc.gov/nchstp/tb/ under Site Highlights; click on *Self-Study Modules on TB.*

Lisa Fitzpatrick, MD, has left the division to begin a Preventive Medicine Residency. Lisa joined DTBE as an EIS Officer in the Surveillance and Epidemiology Branch 2 years ago in July 1998. She assisted with epidemiologic investigations and related assignments. Lisa came to CDC from the National Jewish Center for Immunology and Respiratory Medicine.

Gloria Gambale joined the division in June as a Computer Program Assistant in the Computer and Statistics Branch. Prior to this position, she worked for 2 years in the Division of Oral Health in the National Center for Chronic Disease Prevention and Health Promotion. Before joining CDC, Gloria was employed by the IRS.

Teresa Goss was selected for the Program Operations Assistant position in the Field Operations Sections (FOS) in the Field Services Branch (FSB). She serves as the

key support person for FOS headquarters and field staff needs, including travel, personnel, and any other operational and administrative matters. Teresa initially worked for CDC in 1989 and then again in 1990 in temporary assignments. She left CDC for a permanent position with the Internal Revenue Service; in November of 1998 she came back to CDC in DTBE's Surveillance and Epidemiology Branch (SEB) as branch secretary. Teresa started her new assignment in FSB on May 21.

Lillian (Pat) Griffin retired on December 31, 1999, after more than 30 years of contributions to the Division of TB Elimination. She worked as a statistical assistant in the Field Services Branch from 1993 to the time of her retirement; prior to that, she worked in the Surveillance and Epidemiology Branch. Pat's attention to detail and cheerful, gracious personality made her an indispensible member of any office she worked in. We miss her and wish her much happiness in her retirement.

Connie Henderson was selected as a Program Operations Assistant in the Research and Evaluation Branch (REB) effective April 10, 2000. Connie started as a temporary employee in October 1998. After many extensions her term expired in October 1999, and she was then hired as a contract employee. Connie is now officially a CDC employee, with REB's congratulations.

Sylvia Ivill retired from CDC on October 31 after 31 years of government service. She had worked in the position of Visual Information Specialist in the Graphics Unit of the Communications and Education Branch, assisting DTBE staff with a variety of graphics projects and earning praise from coworkers for her patience and helpfulness. Before that she worked in the Computer and Statistics Branch, where she assisted with the computer graphics work; prior to that position, she worked in the Surveillance and Epidemiology Branch. Sylvia was a caring, good-humored friend to all and a valued coworker, showing persistence in following through on each assignment to achieve what the author wanted. We will miss her and wish her the best in retirement.

Kathryn Koski was selected as the TIMS Project Coordinator. Kathryn came to Atlanta from an assistant public health advisor position in the Florida Department of Health. She joined the DTBE field staff in 1997 with an assignment to the Los Angeles TB Control Program. In that assignment she had a wide range of responsibilities including the management of the TB registry, oversight of the laboratory surveillance and mobile chest x-ray units, and the management of the incentive and enabler program. She gained experience in preparing grants and program management reports and acting as liaison to the Los Angeles HIV Prevention Planning Council. She also coordinated the countywide implementation of the DTBE contact investigations study. Prior to joining the DTBE field staff, Kathryn was a supervisory PHA with the Division of STD Prevention in Los Angeles and Miami, Florida. She graduated with honors from Emory University's Graduate Certificate Program, class of 1998. Kathryn started her assignment in DTBE in February 2000.

Scott McCombs, MPH, was selected for the position of Deputy Branch Chief, Surveillance and Epidemiology Branch. Previously an epidemiologist in SEB, Scott left DTBE in April 1997 to assume the position of Chief, Systems Integration Activity, Division of Public Health Surveillance and Informatics, EPO. Before joining DTBE in February 1993, he was an epidemiologist in the HIV Seroepidemiology Branch in the Division of HIV/AIDS Prevention.

Eugene McCray, MD, has left DTBE to accept a position as the Director of the NCHSTP Global AIDS Activity (GAA), leaving his post as Chief, Surveillance Section, Surveillance and Epidemiology Branch, DTBE. Prior to taking that job in 1993, he was a medical epidemiologist in the former Division of HIV/AIDS; in 1983 he entered CDC as an EIS officer with the Hospital Infections Program. Eugene was a true leader in many aspects of the Division's work in surveillance, including the implementation of SURVS-TB in 1993, in helping during the subsequent transition to TIMS, and in analyzing the TB surveillance database to improve our understanding of the recent epidemiology of TB to guide rational prevention and control efforts. Additionally, Eugene is a consummate team player, always willing to extend himself to accomplish our shared mission. He served as our Center's representative to the CDC Commissioned Corps Awards Committee, always being of assistance in helping supervisors understand the complexities of successful award nominations. He has developed increasing interest and experience in international health over the past several years, including important work in developing community-based care for people with TB and HIV in rural settings in Africa. Given that TB is a leading HIV-related opportunistic infection (OI) in Africa, much of the Global AIDS Activity's work in the provision of care and prevention of OIs will inevitably be related to TB. NCHSTP is fortunate to have Eugene take his outstanding knowledge, abilities, and personality to this important work.

Ida Onorato, MD, Chief, Surveillance and Epidemiology Branch (SEB), DTBE, has accepted a position with the Division of HIV/AIDS Prevention - Surveillance and Epidemiology, NCHSTP. She came to DTBE in 1992 from the Division of HIV/AIDS, where she had been the Chief of the Clinic and Special Surveys Section, HIV Seroepidemiology Branch. She helped reshape SEB by recruiting and retaining outstanding staff. Over the past several months she had also served as Acting Chief, Epidemiology Section. Ida made many outstanding contributions in the fields of TB epidemiology and surveillance. We appreciate her leadership and expertise and wish her the best of luck in her new position.

Kate O'Toole was selected for the position of Associate Director for Management and Operations (ADMO), DTBE, Paul Poppe's previous position. Her official start in this position became effective on October 25, 1999. Between that date and December 31, Paul assisted Kate achieve a smooth transition into her new position, as Paul was likewise making the transition into his new position of Deputy Director, DTBE. Kate assumed full duties of ADMO on January 1, 2000. Prior to taking this position, Kate was the Project Manager of the TB Information Management System (TIMS), a position to which she was appointed in April 1996. Prior to that, Kate served as a TB public health advisor in New York City and an STD public health advisor in Long Beach, California, and Fort Lauderdale, Florida.

Kathleen Perez-Hureaux was selected for a public health advisor position in the New York City TB Control Program. She is responsible for the overall direction and development of the education and training unit within the TB Control Program and will also manage and supervise all staff assigned to the unit. Kathleen served as Director of Training with the Home Care Association Training Institute from 1988 to 1995. From 1995 to 1997 she served as curriculum developer for three organizations requiring her training expertise (Philadelphia Home Care, 1199 Job Security Fund, and Consortium for

Worker Education). In 1997 Kathleen joined the New York City TB Control Program as a Senior Public Health Educator. In that role, she conducted TB training and education for program staff and for the community, participated in the production of videos on treatment of latent TB infection, and assisted the acting director with overall management of the unit. In January 1999 she was promoted to Director, Education and Training Unit. Kathleen started her assignment as a new PHA on February 27, 2000.

Paul Poppe was selected for the position of Deputy Director of DTBE in anticipation of the retirement this year of Carl Schieffelbein, the previous Deputy Director. The months of overlap between Carl and Paul provided for a well-planned transition period during which Paul became familiar with his new position while Carl became more involved with the special projects to which he is now devoting his time. Effective January 1, 2000, Paul assumed full duties of Deputy Director. Paul came to DTBE in 1993 from the former Division of STD/HIV Prevention, initially assisting in division operations in the Office of the Director, DTBE. In 1995 he was selected as Associate Director for Management and Operations. Paul brings to the Deputy Director position a wealth of supervisory and managerial expertise.

Joann Schulte, DO, left the division in May 2000 for an epidemiology position in the National Immunization Program. Joann joined DTBE as an epidemiologist in the Surveillance and Epidemiology Branch in August 1995. She came to DTBE from the Texas Department of Health. Prior to that she was an EIS Officer with the Division of STD/HIV Prevention.

Patricia Simone, MD, formerly Chief of the Field Services Branch of DTBE, was selected for the position of Chief, Prevention Services Office (PSO), in NCHSTP. Pattie was recruited to DTBE in 1992 from National Jewish Center for Immunology and Respiratory Medicine, at a time when our country was confronted by numerous outbreaks of multidrug-resistant TB (MDR TB). Her expertise in the complicated clinical management of patients with MDR TB was indispensable in the revision of policy recommendations and in the implementation of several components of the 1992 National Action Plan to Combat MDR TB. In September 1996, Pattie was appointed Chief, Field Services Branch (FSB), DTBE. During the last few years she has strengthened FSB by adding Medical Officers to the excellent staff of Public Health Advisors, enabling DTBE to provide both medical and administrative expertise to TB programs throughout the country. During her tenure in DTBE, Pattie was a great team player, always willing to help our division on issues related to the prevention of TB in health-care settings (she was one of the few who understood all the complexities of the CDC recommendations published in the *MMWR* in 1994), the clinical management of TB cases, the training of other physicians in Latvia on the management of MDR TB, and in the assessment of approaches to integrate the management of HIV, STD, and TB prevention in several parts of the country. She traveled to Guantanamo, Cuba, to help train the Department of Defense physicians in the TB screening of Haitian- and Cuban-born refugees. An active member of the American Thoracic Society (ATS), Pattie has also contributed immensely to the development of the scientific content of their annual meeting (and worked with John Seggerson on the yearly CDC-sponsored TB poster session), as well as to the latest ATS/CDC TB diagnostic standards, and helped review all of the TB guidelines published by CDC. Most recently, she had been assisting with the development of our outbreak response

plan to better coordinate the long-term response with the acute investigative phase.

Louella Simonetti, secretary for the Computer and Statistics Branch (CSB) in DTBE, left the division in March 2000. She is now employed in a position as a Program Operations Assistant with the Prevention Services Office, Office of the Director, NCHSTP. Louella came to DTBE in February 1999 from Mississippi, where she had been employed by the Navy.

Leeza Stoller left her position as Director of the Francis J. Curry National TB Center at the end of 1999. She had worked in that position over the past 6 years. As of January 2000, she joined the newly-formed Institute for Global Health, a San Francisco-based joint endeavor of the University of California, San Francisco; the University of California, Berkeley; and Stanford University.

Lorna Thorpe, PhD, has been selected as a new EIS officer in International Activities. Lorna received her PhD in epidemiology from the University of Illinois at Chicago. She worked as project director on a CDC-funded HIV study among young injecting drug users (IDUs) while also completing her dissertation work on hepatitis C transmission among IDUs. She has also worked internationally on HIV risk factors and prevention in Indonesia and with the Women and Infant Transmission Study at NIH examining the effects of drug use on HIV disease progression. Lorna joined International Activities in July.

Dawn Tuckey was selected for the vacant supervisory public health advisor position in the Philadelphia TB program. Dawn will function as a senior program advisor to the TB controller, Dr. P.J. Brennan, and will be involved in program assessment, assisting local management officials in preparing and managing the program budget and cooperative agreement mechanism, and oversight and consultation on the use of local program staff. Dawn started her CDC career in 1985 as a public health associate assigned to the North Carolina STD control program. She also held STD positions in Washington, DC, and Philadelphia, Pennsylvania. She joined the Division of TB Elimination in July of 1990 and was assigned to New York City. In 1993, she took a senior public health advisor position in Wisconsin where she was the TB program director until 1997. In that year, Dawn accepted a position in Washington, DC, with the Division of Diabetes Translation. She has worked as the director of that program since that time. Dawn began her duties in Philadelphia on Jan 2, 2000.

Stephen Waterman, MD, MPH, was selected for the position of FSB medical officer in a joint assignment with the Division of Quarantine (DQ) as a coordinator for U.S.- Mexico border infectious disease control activities, and is stationed in the California Office of Binational Border Health in San Diego. Steve is the CDC lead for the border infectious disease surveillance (BIDS) project, a collaboration with Mexico and border states implementing sentinel surveillance in border sister cities, and is assisting DTBE with evaluation of CDC U.S.-Mexico border TB projects and with liaison to Ten Against TB. Steve attended Stanford University as an undergraduate and the University of Cincinnati College of Medicine. He completed his internship and residency in pediatrics at Los Angeles County-University of Southern California Medical Center. He received an MPH in epidemiology from UCLA. Steve was a member of the EIS class of 1981 assigned to the Division of Vector-borne Viral Diseases and was a CDC Preventive Medicine Resident. He was a fellow in

pediatric infectious diseases at the University of California, San Diego. He is board certified in pediatrics and preventive medicine. Steve served as disease control officer in Los Angeles and San Diego counties and was the California State Epidemiologist from 1995 to 1999. He has published a variety of articles on infectious disease surveillance and epidemiology and immunizations. He has been a consultant to the Mexico Secretariat of health on a number of occasions and was a member of the Design Team for the U.S.- Mexico Border Health Commission. He began his assignment in San Diego on August 1, 1999.

Jessie Wing, MD, joined FSB as a field medical officer assigned to the State of Hawaii in the position of medical director of the Hawaii TB program. Jessie received undergraduate and medical degrees at the University of Arizona, and she completed a residency in internal medicine at Brown University. She was an EIS officer in the Center for Environmental Health from 1987 to 1989, and completed a preventive medicine residency in 1992. She has worked as a medical epidemiologist in the National Center for Chronic Disease Prevention and Health Promotion and in the National Immunization Program. She has international experience in China and other parts of Asia, including special projects with the World Health Organization (WHO), and has extensive experience in working on Asian/Pacific Islander issues. She also worked in Hawaii on a CDC project on hepatitis among indigent populations. Jessie started her assignment on October 1, 1999, in Hawaii, where she joined Gabe Palumbo, DTBE public health advisor assigned to Hawaii.

IN MEMORIAM

Diana Mazzella, who was the lead secretary for the Field Services Branch, passed away at home on May 16, 2000. Diana was on medical leave while undergoing treatment for retroperitoneal fibrosis. She had recently reported feeling much better and was looking forward to returning to her position. It was therefore very distressing to learn about her sudden death, especially as we were expecting her imminent return. Diana joined CDC's Division of HIV/AIDS in 1991 and later worked for the Office of the Director, National Center for HIV, STD, and TB Prevention. In 1994 she was recruited to the Division of TB Elimination. In May 1999 she was a finalist among the hundreds of nominees for the Outstanding Technician or Assistant Award at Atlanta's annual Federal Employee of the Year awards ceremony. A native Puerto Rican, Diana was proud of her heritage and actively participated in the organization and activities of the Puerto Rican Society of Georgia. She was hard-working, good-natured, a great team player, and well liked. Diana is missed by all of us.

CALENDAR OF EVENTS

August 30-September 1, 2000
National TB Controllers Workshop
Atlanta, Georgia
CDC/John Seggerson
(404) 639-8120

August 30-September 3
World Congress on Lung Health
Florence, ITALY
Sponsored by European Respiratory Society (ERS), ATS, IUATLD, and Asian Pacific Society of Respirology
Contact ERS
Tel: 41-216-130202; fax: 41-216-172865;
e-mail: info@ersnet.org

September 20-22, 2000
TB Intensive
San Francisco, California
Francis J. Curry National TB Center
Training Coordinator
Tel: (415) 502-4600; fax: (415) 502-4620;
e-mail: tbcenter@nationaltbcenter.edu

September 25, 2000
Medical Management of TB in the Person Living with HIV
Newark, New Jersey
New Jersey Medical School National TB Center
Joni Heleotis
Tel: (973) 972-0978

October 5-6, 2000
California TB Controllers Association (CTCA) Fall Conference
Anaheim/Orange County, California
CTCA
Tel: (510) 883-6077
Website: www.ctca.org

October 16-20, 2000
Postgraduate Course on Clinical Management and Control of TB
Denver, Colorado
National Jewish Medical and Research Center
Catheryne J. Queen
Tel: (303) 398-1700; fax: (303) 398-1906